PHO/SB 96 (1983)

Approved for use through 10/31/2002, OMB 0651-0652

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Approved for us

PATENT APPLICATION FEE DETERMINATION RECORD

	CLAIMS AS HEFFOR AND CO.					15.111.115		· S	SMALL UNLIGHT	
FOF		NUMBER FILED		No MBER 53			111. 20 Z		RATE	290
1 1 1							393			1.70
BASIC FLI 07 CFR 1 1940								OR T	: 1	
TOTAL CLAIM :			mazis 20 - 2					- c) R X	造計	
INDEPENDENT CLAFUS of CER 1 (50)						<u> </u>		OR i	100 -	
MULTIPLE DEPENDENT CLAIM PRESENT AND FIGURE 1982							L	TOTAL		
• If the dr	Terence in column i	s less then zero, enter	"o" in column 2			TOTAL		L.	OTHER TH	ian.
			AS AMEND	DED #TART H (Column 1)	e cumae t	SMALL EN	TITY		SMALL EN	
V T		CLAIMS CREMAINING AFTER		HIGHEST NUMBER REVIOUSLY	PRESENT ENTRA	RATE	ADDI- TIONAL FEE -		RATE	ADDI- TIONAL FEE
AMENDMENT	Total *	MENDMENT :	Minus *	PAID FOR	= X	x 5 9 =		OR OR	. <u>s18</u> = . 88 =	
	ndependent *	+	Minus	* 3_	= 4	×44		OR-	ES HELMIN	-
121	1	NTATION OF MUL	TIPLE DEPEN	ODENT CLAIM	particular section	<u>- 150 - </u>		OR.	300=	No. 20.21
i		0		(Column 2)	· · · · · · · · · · · · · · · · · · ·	TOTAL ADDIT, FEE		JOR A	TOTAL DDIT, FEE	L
SNT B		CLAIMS REMAINING AFTER AMENDMENT	4.5	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT ENTRA	RATE	ADDI- TIONAL- FEE		RATE	ADDI- TIONA PEE-
) ME	Total	*		**	=	\x <u>\$ 9 =</u>	1 1	- Co	5.5 <u>1</u> () =	1
AMENDMENT	(37 CFR 1.16(c)) Independent	*	Minus	***	= '	× <u>44</u> =	: 11	OR	<u> 88</u> -	
A A	(37 CFR 1.16(b))	OCUTATION OF MI	U TIPI E DEPI	ENDENT CLAIM	(37 CFR 1 (64))	<u> </u>		ØR.		÷
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 67 CFR 1:660					TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)	To see the second	(Column 2)	o Olumn 30	7 [ADDI-	7		ADD
SNTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT ENTRA	RATE	TIONA		RATE	TEE
M	Total	*	Minus	**		1 5.5.7.	-		x 216	
AMENDMENT	(37 CFR 1.16(e)) Independent (37 CFR 1.16(b))	1.	Minus	*.* =	-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>		1-80-	
						//		- I o	14. AA/	= (

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "244"

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, with a second of the paid of The "Highest Number Previously Paid For" (Total or Independent) is the highest manufer to aid in the appropriate box in column 1

For Triguess remnoe: FreeTouristy Plant Port Clotal or Independent) is the highest murder to laid in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. This way depending upon the needs of the individual case!

Any comments on the amount of time you are required to complete this form should be sent to the cheef Information Officer, U.S. Parent and Frademark Office, Washington, DC 20231. DO 3001 SUSDITES OR COMPLETED LORGES TO THES SUBJECTS. SUSDITO: Assistant Commissioner for Patents, Washington, DC 20231.

ADDIT, FEE